



**Sundridge Park**

## **Parental Consent Form**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Golf Club: \_\_\_\_\_ Handicap \_\_\_\_\_

Name of Competition \_\_\_\_\_

The safety and welfare of Juniors in our care is paramount, it is therefore important that Sundridge Park Golf Club are aware of any medical condition or illness, or any medical treatment currently being received.

Please indicate below, in confidence, any health related matters, including injuries which you feel may be relevant; including details of any prescribed medicine and dosage; or any special dietary requirements.

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
Migraine	Yes / No	Heart Problems	Yes / No
Allergy	Yes / No	Other (please specify)	_____

I consent to my child participating in the above competition organised by Sundridge Park Golf Club.

I consent to my child receiving essential medical treatment as necessary, when a qualified medical practitioner prescribes the treatment.

NHS Number: \_\_\_\_\_ NHS Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Telephone Numbers – Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- There may also be occasion where your child may need to be carried in the vehicle of one of the Club Officials i.e from a remote tee.  
I am happy for this to take place \_\_\_\_\_ (please sign)
- There may be occasions when, to record a victory or significant event a photograph may be taken of your child for recording or publicity purposes.  
I am happy for this to take place \_\_\_\_\_ (please sign)

Sundridge Park Golf Club will ensure that photographs are only used for the intended purpose.

**THIS INFORMATION WILL ONLY BE MADE AVAILABLE TO THOSE OFFICIALS WHO NEED IT IN THE EXECUTION OF THEIR DUTIES ON BEHALF OF SUNDRIDGE PARK GOLF CLUB**